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From: Albert T. Keyack, Esq.
Direct Dial: (215) 569-3009
(215) 738-5925
Email Address: AKeyack@klehr.com

Client-Matter: 04348-0003 Follow-up Copy Will Not Be Sent By Mail
Date: January 22, 2007
Number of Pages: 11 *(Including Cover):*

Re: APPLICATION NO. 10/682,051
FILING DATE: 10/09/03
INVENTOR: SELANDER

Response 7 pages, Transmittal Form, Extension Petition, Fee Transmittal.

I, Albert T. Keyack, Registration No. 32,906, hereby certify that this correspondence is being transmitted via facsimile addressed to the Commissioner of Patents and Trademarks, Washington, DC 20231 on January 22, 2007.

Albert T. Keyack

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PAGE 1/11 * RCVD AT 1/22/2007 5:00:20 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/40 * DNIS:2738300 * CSID:2155686603 * DURATION (mm-ss):02-08

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 10

Application Number	10/682,051
Filing Date	10/09/2003
First Named Inventor	Selander, Raymond K.
Art Unit	1744
Examiner Name	Cherbell, Monzer R.
Attorney Docket Number	04348-0003

ENCLOSURES (Check all that apply)

- [x] Fee Transmittal Form
  - [ ] Fee Attached
- [x] Amendment/Reply
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [x] Extension of Time Request
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement
- [ ] Certified Copy of Priority Document(s)
- [ ] Reply to Missing Parts/ Incomplete Application
  - [ ] Reply to Missing Parts under 37 CFR 1.52 or 1.53
- [ ] Drawing(s)
- [ ] Licensing-related Papers
- [ ] Petition
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney, Revocation
- [ ] Change of Correspondence Address
- [ ] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number of CD(s) _____
  - [ ] Landscape Table on CD
- [ ] After Allowance Communication to TC
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter
- [ ] Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Klehr, Harrison, Harvey, Branzburg & Ellers LLP		
Signature	/Albert T. Keyack/		
Printed name	Albert T. Keyack		
Date	January 22, 2007	Reg. No.	32,906

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Signature	/Albert T. Keyack/		
Typed or printed name	Albert T. Keyack	Date	January 22, 2007

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 120

Complete If Known	
Application Number	10/682,051
Filing Date	10/09/2003
First Named Inventor	Selander, Raymond K.
Examiner Name	Chorbaji, Monzer R.
Art Unit	1744
Attorney Docket No.	04348-0003

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☑ Deposit Account Deposit Account Number: 501555 Deposit Account Name: Klehr, Harrison

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☑ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☑ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ - 20 or HP = _____ x Extra Claims _____ Fee ($) _____ = Fee Paid ($) _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ - 3 or HP = _____ x Extra Claims _____ Fee ($) _____ = Fee Paid ($) _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims: Fee ($) _____ Fee Paid ($) _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ - 100 = Extra Sheets _____ / 50 = Number of each additional 50 or fraction thereof _____ (round up to a whole number) x Fee ($) _____ = Fee Paid ($) _____

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount) Fees Paid ($) _____

Other (e.g., late filing surcharge): one-month extension 120

SUBMITTED BY

Signature	Albert T. Keyack	Registration No. (Attorney/Agent) 32,906	Telephone 215-568-6060
Name (Print/Type)	Albert T. Keyack		Date 01/22/2007

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